EXHIBIT D

Claim No. 392 (The Smolker Claim)

A O O O O O 3 9 2 B

WR Grace

RUST000080

Bankruptcy Form 10 Index Sheet

Claim Number: <u>00000392</u>		Receive Date: <u>08 / 27 / 2001</u>	
Multiple Claim Reference			
Claim Number	MMPOC Medical Monitoring Claim Form		
	PDPOC Property Damage		
	NAPO Nor	Non-Asbestos Claim Form	
,	Am	ended	
Claim Number	MMPOC Me	Medical Monitoring Claim Form	
	PDPOC Pro	Property Damage	
	NAPO NO	Non-Asbestos Claim Form	
	Am	ended	
Attorney Information			
Firm Number:	Firm Name:		
Attorney Number:	Attorney Name:		
Zip Code:			
Cover Letter Location Number:			
Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos	
TBD TBD TBD TBD TBD TBD TBD	TBD TBD TBD TBD TBD TBD TBD Other Attachments	Other Attachments	
Other	Non-Standard Form Amended Post-Deadline Postmark Date	B	
Box/Batch: WRBF0002/WRBF0008		Document Number: WRBF000392	

B10 (Official Form 10) (Rev. 10.96)				
UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM			
Inro: W.R. Grace and Company	Case Number: 01-01139			
NOTE: This claim should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 14 U.S.C. § 503.				
Creditor Name (Person or entity Gary S. Smolker debtor owes)	Check box if you are aware that anyone else has filed a proof of claim relating to			
Address Line 1 Smolker & Graham	your claim. Attach Copy of statement giving particulars.			
Address Linc 2 4720 Lincoln Blvd., Ste. 280 Address	Check box if you have never received any antices from the backruptcy court in			
Line 3	this case. Check box if the address differs from the address on the envelope	OKIGINAL THIS SPACE IS FOR		
STZIP Marina Del Rey, CA 90292	neut to you by the court	COURT USE ONLY		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: TIG v. Smolker, LASC #BC173952	Check here if this claim amends	reviously filed claim dated:		
	ee benefits as defined in 11 U.S.C. § 1114(a) 25, salaries, and compensation (Fill out below)	2. Date Debt Incurred: (MMDDYY)		
Money losned Other (Describe Briefly) Unpa	social security No	3. If Court Judgment, Date Obtained:		
4. CLASSIFICATION OF CLAIM. Under the Backruptcy Code all claims are classified as one or more of the following. (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. SECURED CLAIM				
Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges. 6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of COUNT LISE ONLY.				
claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.	COURT USE ONLY			
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promis statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are voluminous, attach a summary,	1531			
8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, end of this proof of claim.	STR.			
Date Sign and print the name and title, if any, of the creditor or other person authorized to file the faim (attach copy of power of attorney, if any) One of the creditor or other person authorized to file the faim (attach copy of power of attorney, if any) Penalty for presenting fraudulent claim! Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.				
		11: 31 COURT		

WR Grace BF.2.8.392 00000392

DeclServ

DECLARATION OF SERVICE BY MAIL

I, Jane Nagaishi, declare:

At the time of service hereinafter mentioned, I am over the age of 18 years and not a party to the within action. My business address is 4720 Lincoln Boulevard, Suite 250, Marina Del Rey, California 90292. I am employed in the County of Los Angeles, California.

On August 23, 2001, I served the foregoing document described as follows:

Proof of Claim

on the interested parties in this action, by causing a true copy thereof enclosed in a sealed envelope(s), addressed as follows, to be placed in the U. S. Mail at Marina Del Rey, California:

SEE ATTACHED SERVICE LIST

At the time of service, there was regular delivery of United States mail between the place of deposit and the place of address.

I declare under penalty of perjury that the information stated herein is true and correct under the laws of the United States of America.

Executed on August 23, 2001, at Marina Del Rey, California.

ANE NAGAISHI

In Re W.R. Grace USBC, District of Delaware Service List

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And Wayne Morris

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